

AF/1763

Patent Attorney's Docket No. <u>015290-546</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) MAIL STOP AF				
David J. COOPERBERG et al.) Group Art Unit: 1763				
Application No.: 10/024,208) Examiner: L.L. Alejandro Mulero				
Filed: December 21, 2001) Confirmation No.: 9076				
For: TUNABLE MULTI-ZONE GAS	RECEIVED				
INJECTION SYSTEM	SEP 2 2 2003				
	TC 1700				
AMENDMENT/REP	LY TRANSMITTAL LETTER				
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir:					
Enclosed is a reply for the above-identi	fied patent application.				
A Petition for Extension of Time is also enclosed.					
[] A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.					
[] Also enclosed is/are					
[] Small entity status is hereby claimed.					
[] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).					
[] Applicant(s) previously submitted, on, for which continued examination is					
[] Applicant(s) request suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. \$ 1.103(c) The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.					

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Amendment/Reply Transmittal Letter Application No. <u>10/024,208</u> Attorney's Docket No. <u>015290-546</u>

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[X]	No additional	claim	fee	is	required.
IAI	No auditional	Claim	100	19	required.

[] An additional claim fee is required, and is calculated as shown below:

		AMENDED	C L A I MS		W.
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	15	MINUS 38 =		× \$18.00 (1202) =	
Independent Claims	4	MINUS 4 =		× \$84.00 (1201) =	
If Amendment adds mu	ıltiple depend	ent claims, add \$280	0.00 (1203)		
Total Amendment Fee					
If small entity status is	claimed, sub	tract 50% of Total A	mendment Fe	2	
TOTAL ADDITIONA	L FEE DÛE	FOR THIS AMEN	NDMENT		-0-

[]	A claim fee	e in the amount of \$	is enclosed.
[]	Charge \$_	to Deposit Account N	o. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Peter K. Skiff

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P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: September 16, 2003



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REQUEST FOR RECONSIDERATION

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Reconsideration of the Final Official Action dated August 19, 2003 is respectfully requested.